

# PART B - FEE(S) TRANSMITTAL

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49443 7590

PEARL COHEN ZEDEK LATZER, LLP  
1500 BROADWAY, 12TH FLOOR  
NEW YORK, NY 10036

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(Depositor's Name)  
(Signature)  
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/527,911	11-07-2005	KNEE, Michael James	P-7786-US	9050

TITLE OF INVENTION: SYSTEM AND METHOD FOR IMAGE PROCESSING

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,510	\$300	\$0	\$1,810	10-15-10

EXAMINER	ART UNIT	CLASS-SUBCLASS
YEH, EUENG NAN	2624	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed.

1. PEARL COHEN ZEDEK

2. LATZER, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Snell Limited

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Hampshire, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment to Deposit Account Number 90-3355 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

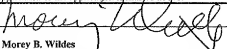
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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The Director of the USPTO is requested to apply the Issue Fee and Publication Fee being paid by this form (if any) or to re-apply any issue fee previously paid in this application to the application identified above.

Authorized Signature:



Date: October 13, 2010

Typed or printed name: Morey B. Wildes

Registration Number: 36,968

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